Coloriffics®

RETAIL ACCOUNT APPLICATION

TEL: **(800) 225-5746** • FAX: **(888) 213-7300**

COMPANY INFORMATION

Fed Tax ID# _____

☐ Corporation ☐ Partnership

☐ Sole Proprietorship ☐ L.L.C.

E-mail Address _____

TERMS REQUESTED

☐ Net 30 ☐ COD Co. Chk. ☐ COD Cashier's Chk.

☐ Visa/Mastercard _____
(name on card)

_____/_____/_____/_____ _____/_____
card # exp. date

BILLING ADDRESS

Corp. Name _____

d/b/a _____

Address _____

City/State _____

Zip Code _____

SHIPPING ADDRESS

(only if different)

_____

_____

_____

Bus. Phone (_____) _____

Bus. Fax (_____) _____

Date Business Established _____

Present Ownership Since _____

How did you hear about Coloriffics?

☐ Sales Rep. ☐ Magazine Ad ☐ Internet

☐ Another Shop ☐ Consumers ☐ Other_____

PRINCIPALS

①	②
Name _____	Name _____
Home Address _____	Home Address _____
City/ST/Zip _____	City/ST/Zip _____
Soc. Sec. # _____	Soc. Sec. # _____
Home Tel. # (_____) _____	Home Tel # (_____) _____
Accounts Pay. Contact _____	Authorized buyer(s) _____

BANK REFERENCE

☐ CHECKING ☐ SAVINGS ☐ LOAN

Bank Name _____ Phone (_____) _____

Address _____

Account # _____ Contact Name/Title _____

TRADE REFERENCES (current suppliers)

1. _____ (_____) _____ _____
(name and address) (fax) (terms)

2. _____ (_____) _____ _____

3. _____ (_____) _____ _____

SIGNATURE OF PRINCIPAL

BY: _____

TITLE: _____ DATE: _____

KINDLY FAX COMPLETED FORM TO:

(888) 213-7300

OR MAIL TO:

COLORIFFICS • P.O. BOX 2408 • WOBURN, MA 01888